U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1595/	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004		
,			
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name James M LaMantia	Name Iron Workers, Local 396		
	Labor Organization File Number 0/947/6		
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any		
Street 116 Reavis Place	Street 2500 59th Street		
City Webster Groves	City St. Louis		
State Missouri ZIP Code + 4 63119	State Missouri ZIP Code + 4 63110		
5. Position in labor organization. Business Manage	4		
A. Held an interest in, engaged in transactions (including loans) with,			
monetary value from an employer whose employees your organize	, or derived income or other economic benefit of zation represents or is actively seeking to represent.		
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organiz	zation represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	zation represents or is actively seeking to represent.		
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Monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 S 15. Signature and verification. The undersigned declares, under penalty	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.c. Nature of Interest, Transaction, or Income. 7.b. Amount.		
Monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 S 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomm	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.c. Nature of Interest, Transaction, or Income. 7.b. Amount.		

Name of Person Filing James LaMantia	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Iropwork & rs St. Louis District Coardil Trade Name, if any: Ibternational Ass. of Bridge Structure, Ornamantal and Reinstorcing P.O. Box, Bldg., Room No., if any Street 3544 Watson Rd. City St. Louis State Missouri ZIP Code + 4 63/34	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Ky. Lake District Council in I unch -golf - and lodging. Christ mas meeting diner 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Assets	Jeeting 1.4,000.00 106.00	
	12.b. Amount.	200,000.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	the contract of the section of the contract of the section of the	
Name	Valence	Western Control	
Trade Name, if any:	The contract of the contract o	alger of 3 years and analysis.	
P.O. Box, Bldg., Room No., if any		VAN AND AND AND AND AND AND AND AND AND A	
Street	No. of the last of		
State ZIP Code + 4			
Engineer Transmit	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant ?	• • • • • • • • • • • • • • • • • • • •	and an assert some assert some and interruption of the power spring absorbed spring a state of the spring and a state of t	